



## Application Data Sheet

### **Application Information**

Application number:: 10/797,584  
Filing Date:: 03/09/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: DEVICES AND METHODS FOR DETECTING  
AND TREATING INADEQUATE TISSUE  
PERFUSION  
Attorney Docket Number:: 021628-001010US  
Request for Early Publication:: No  
Request for Non-Publication:: Yes  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: G.  
Family Name:: Benditt  
Name Suffix::  
City of Residence:: Edina  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 2 Circle West  
City of Mailing Address:: Edina  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55436

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: P.  
Family Name:: Brockway  
Name Suffix::  
City of Residence:: Shoreview  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 4339 Nancy Place  
City of Mailing Address:: Shoreview

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: R.  
Family Name:: Wilson  
Name Suffix::  
City of Residence:: Arden Hills  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1276 Nancy Place  
City of Mailing Address:: Arden Hills  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Assignee Information**

Assignee Name:: Transoma Medical, Inc.  
Street of mailing address:: 4211 Lexington Avenue, N. #2244  
City of mailing address:: St. Paul

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55126